



**INTERNATIONAL RESCUE COMMITTEE  
LIBERIA PROGRAM**

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**QUARTERLY REPORT**

**EVD RESPONSE, READINESS AND RESTORATION**

**(CONTRACT NO: AID-OFDA-A-15-00002)**

**APRIL, MAY AND JUNE 2015**

**PRESENTED TO:**

**THE USAID OFFICE OF FOREIGN  
DISASTER ASSISTANCE**

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**SUBMITTED 30 JULY 2015**

## **I. Executive Summary**

<b>PROGRAM TITLE:</b>	EVD Response, Readiness and Restoration		
<b>PROJECT NO:</b>	AID-OFDA-A-15-00002		
<b>AGENCY:</b>	International Rescue Committee (IRC)		
<b>COUNTRY:</b>	Liberia		
<b>REPORTING PERIOD:</b>	Quarter 3, FY2015: April, May and June 2015		
<b>GOAL:</b>	To support the safe re-opening of Ebola-affected health facilities, with the ultimate goals of reducing patient mortality and transmission of the Ebola Virus Disease (EVD) in the community.		
<b>OBJECTIVES:</b>	Objective 1: Support the safe restoration of health care services in Ebola-affected facilities.  Objective 2: Ensure safe sanitation and hygiene at Ebola-affected health facilities and schools.  Objective 3: Provide psychosocial support services to Ebola-affected communities and health care workers.		
<b>BENEFICIARIES:</b>	Total Number of Individuals Affected in the Target Area:	1,144,000	
	Total Number of People Targeted (Individuals):	382,000	
	Total Number of IDPs Targeted (Individuals) as subset of above:	N/A	
<b>LOCATION:</b>	Montserrado County, Liberia		
<b>DURATION:</b>	Twelve (12) months		

## **I. Introduction**

During Q3, the IRC continued support to the safe restoration of services at Redemption Hospital, providing daily coaching and mentoring to MOH staff on delivering care and clinical decision making in the context of EVD. From April – June, 2015, the Adult Emergency department had a total of 638 admissions, Obstetric ward had 746 admissions and Pediatric ward had 379 admissions. These numbers represent about a 65-70% decrease of the In-patient admissions to the Adult Emergency and Pediatric wards, and a 40% decrease to the Obstetric ward as compared to pre-EVD. This decrease in admissions is largely due to the new infection prevention and control procedures instituted, which require one patient per bed and reduce the number of beds per ward to ensure 2 to 3 feet between beds. The psychosocial team offered daily support to patients and counseled family members during the reporting period. In addition, the psychosocial team provided both individual and group counseling to healthcare workers at Redemption. At the beginning of the quarter the IRC received



*Local artists completes signage at Redemption Hospital to facilitate patient flow*

approval for the standard operating procedures (SOP) to decommission the medical waste pits at Redemption Hospital. Over the course of 8 weeks, approximately 55 cubic meters of medical waste were removed and transported to Disco Hill for disposal. The completion of this activity is the first step in creating a proper waste management system at the hospital. On April 1, 2015 the IRC took over operations of the Ebola Transit Unit, a 10-bed isolation facility built and previously managed by MSF, located adjacent to the hospital. Suspect cases identified at inpatient and outpatient triage are transferred to the Transit Unit where they can safely receive care while awaiting their test results. From April – June, a total of 114 patients met case definition at Redemption triage and were referred to the Transit Unit. One hundred percent of the cases admitted tested negative for EVD during the quarter.

Infection Prevention and Control (IPC) activities at primary healthcare facilities around the ETU and Redemption, as well as support to back to school (B2S0) activities came to an end during the quarter. In total, the IRC supported 23 health facilities from January – May 2015 and provided additional training to MTI-supported facilities in Monrovia. Following the initial training for 153 schools in February, the IRC provided additional support to 25 public schools in Paynesville during Q3 to ensure that students could safely return to their studies. Finally, support to the 14 psychosocial support groups the IRC established in the host communities near the ETU concluded at the end of May. Over the course of the quarter, a total of 1,599 people participated in various activities such as drama groups, community healing dialogues and closing ceremonies.

On May 9, 2015, the World Health Organization (WHO) officially declared Liberia Ebola-free. At the end of May 2015, since Liberia had reached 42 days without a case, the IRC began the decommissioning process of the Ebola Treatment Unit (ETU) at Samuel K. Doe Stadium (SKD). By the end of the quarter, the IRC dismantled the ETU and worked with the WHO and Ministry of Health (MOH) to distribute the assets and materials to on-going EVD response and health efforts. On June 30, 2015 after going almost two months under Ebola-free status, a new positive case was confirmed in Margibi County. While the response to this outbreak has to date been successfully coordinated, the resurgence of Ebola in Liberia underscores the need for communities to remain vigilant and for health facilities like Redemption to maintain the ability to respond as more cases of EVD are likely to pop up in the coming months.

## II. Summary of Activities

### Redemption Hospital

**Coordination among Government, Partners and Staff:** The IRC is the lead partner at Redemption Hospital, supporting the safe restoration of health services. As part of this role, the IRC helps the hospital administration coordinate external support through weekly partner coordination meetings, as well as weekly technical meetings on IPC, lab and clinical care. These meetings are attended by other implementing partners, Redemption staff and technical partners (CDC and WHO).

In addition to the IRC, a total of six partners provided assistance to Redemption Hospital during Q3 – see summary below.

Partner	Roles, Responsibilities, and Contributions
IRC	<ul style="list-style-type: none"> <li>• <b>Coordination:</b> Supported Redemption administration to manage partner support.</li> <li>• <b>Infrastructure Rehabilitation:</b> Finished repairs at the in-patient triage and fortified Transit Unit for rainy season.</li> <li>• <b>Waste Management:</b> Supervised the de-sludging and removal of medical waste pits.</li> <li>• <b>Triage and Isolation:</b> Managed operations at the IPD triage and 10-bed Ebola Transit Unit. Provided support to the OPD triage.</li> <li>• <b>Clinical Health Care:</b> Provided direct health care to patients in the Pediatric, Obstetric and ER wards and managed operations at the 10-bed Ebola Transit Unit, located next to the hospital. Piloted an expedited testing program to offer the option of EVD testing for patients admitted to the in-patient department.</li> <li>• <b>Procedures, Protocols and Management:</b> Provided mentoring in safe clinical care, infection protection and control (IPC), administration, and human resources to Redemption staff.</li> <li>• <b>Drugs and Medical Supplies:</b> Procured and delivered essential drugs and medical supplies.</li> <li>• <b>Psychosocial Services and Community Outreach:</b> Provided psychosocial support to hospital staff returning to work at Redemption, strengthened psychosocial services delivered at Redemption, including mitigating the psychosocial impact of IPC measures on patient care, and served as a liaison between Redemption staff and New Kru Town community members.</li> </ul>
African Union	<ul style="list-style-type: none"> <li>• <b>Clinical Health Care:</b> Provided direct health care to patients in Pediatric, OB, Surgical, Laboratory, Emergency Room and Pharmacy.</li> </ul>
ACCEL	<ul style="list-style-type: none"> <li>• <b>IPC:</b> Continued supporting IPC measures at Redemption through refresher training.</li> <li>• <b>Laboratory:</b> Engaged in planning to upgrade laboratory facilities, including provision of materials and testing equipment.</li> </ul>
ICRC	<ul style="list-style-type: none"> <li>• <b>Incinerator:</b> Relocated large incinerator to the waste zone.</li> </ul>
UNICEF/ACF	<ul style="list-style-type: none"> <li>• <b>Nutrition Department:</b> UNICEF through ACF, provided high energy therapeutic food to the nutrition department. .</li> </ul>
Global Communities	<ul style="list-style-type: none"> <li>• <b>Specimen Transport:</b> Transported specimens from Redemption LIBR and ELWA labs.</li> <li>• <b>Safe Burial:</b> Posted safe burial team at the Redemption morgue to ensure bodies of patients who have expired at the hospital are tested for EVD and safely turned over to families.</li> </ul>

On May 28, the IRC hosted a planning workshop to develop a joint work plan between Redemption Hospital, the IRC and other implementing partners to more effectively support the hospital through the transition from EVD response to restoration of normal services. Participants included, IRC project management, Redemption senior management, ACCEL, and the County Health Officer. During the workshop participants reviewed the key challenges to maintaining the accomplishments made over the past months and discussed the resources needed to overcome those obstacles. Once the joint work plan is finalized next quarter, it will serve as a guide for the responsible handover of activities from external partners to the MOH/Redemption.

To ensure that its activities at Redemption are coordinated with the larger response, the IRC attended the Montserrado Incident Management System (IMS) meetings and national IMS, as well as the national case management committee, IPC committee, laboratory sub-committee, psychosocial subcommittee and the triage and isolation sub-working groups. The IRC is also a member of the Health, WASH and Education Clusters.



**Infrastructure Rehabilitation:** The IRC and partners completed most rehabilitation works in the second quarter, however, in Q3, the IRC completed the reconstruction of the triage at the inpatient department (ER entrance) following technical guidance from CDC, WHO and the MSF global biohazard advisor. These changes ensured that IPC protocols can be observed at the entrance to the hospital as patients are screened for EVD. Minor repairs to the roofing and drainage at the OPD and Transit Unit in preparation for rainy season were also completed. Finally, the IRC finalized the contractual work to complete the renovation of oxygen plant housing and drug warehouse space at Redemption Hospital to be completed next quarter.



*Waste removal from an RH medical waste pit.*

Communities oversaw the safe burial of the waste. The waste was a mix of organics (including placentas), sharps (usually needles and glass bottles), and other hospital debris. Global Communities received approval from the MOH for the disposal site and worked closely with technical experts from Chico State University on the specifications for the trenches used to bury the waste. After the removal of the waste, Swedish Crowne broke down the concrete super structures, used chlorine spray to decontaminate the rubble and then transported the debris to Disco Hill for burial. The final operational plan and lessons learned from this activity will be used as guidelines for removal of waste from other health facilities.

After the decommissioning of medical waste from the waste zone, the IRC paved over the area and ICRC transported the large incinerator (INCINR8 model 8-140) that has capacity to burn 900 kilograms of waste per load to the new space. In Q4, IRC will build the support structure after which, ICRC will install the incinerator and complete an initial training on its use. The IRC is already supporting the hospital on the use of the smaller incinerator transported from the ETU (I8 INCINER8) that has capacity to burn 200 kilograms of waste per load and will continue to provide daily oversight and support considering the technical capacity required to operate such machinery. In addition, during the quarter the IRC provided a one-day training to 16 Redemption staff on proper waste handling and management.

**Waste Management:** On April 23, 2015, the Mayor of Monrovia, Chair of the Medical Waste Working Group at the Monrovia City Corporation (MCC) granted approval to the operational plan for the decommissioning and disposal of the medical waste at Redemption Hospital. The plan was devised in Q2 in close coordination with the Ministry of Health (MOH), MCC, the Environmental Protection Agency (EPA), OFDA and Global Communities. The IRC contracted Swedish Crown (SC), a local company specializing in waste removal, to complete the works at Redemption. Prior to commencing the works, the IRC trained 25 waste removal specialists hired by the contractor in donning and doffing procedures and fenced off the construction zone, posting a security guard at the site to ensure no one entered the area without proper safety gear. The IRC and the contractor coordinated closely with community leaders on the schedule for the desludging and removal activities so that community activities would be minimally disrupted. In that regard, the psychosocial team held a community mobilization meeting in April for 89 community members to explain how the waste removal would be completed and review the safe measures being taken. Once activities began, the IRC monitored the contractor's day to day activities to ensure the agreed upon IPC safety measures were followed throughout the process. Over the course of 8 weeks, approximately 55 cubic meters of medical waste were manually deslugged, loaded into 50L barrels and transported to Disco Hill in Margibi Country where



*Burial of 50L waste barrels at Disco Hill.*

**Triage and Isolation:** Following the successful screening and isolation of the confirmed case on March 19, 2015, IRC and Redemption staff remained vigilant and reinforced the triage systems in place at both the IPD and OPD entrances. Currently, Eleven IRC nurses and 8 hygienists support the screening of EVD at Redemption. On April 1, 2015 the IRC took over operations of the Ebola Transit Unit, a 10-bed isolation facility built and previously managed by MSF. Under the IRC, the Transit Unit is staffed by an expatriate doctor and head nurse, and 48 national staff (4 physician assistants, 6 nurses, 1 lab tech, 15 cleaners, 3 waste operators, 3 sprayers, 7 supervisors, 2 laundry, 6 drivers and 1 logistics officer) who ensure 24 hours of operations. Following the transition from MSF to IRC, the IRC held a refresher training on donning and doffing procedures as



*IRC run Ebola Transit Unit*

the IRC PPE differ slightly from those used by MSF. Additionally, the IRC procured a new ambulance using private funding specifically for the Transit Unit to facilitate safe and quick patient referrals to the ETU or another health facility. From April – June, a total of 114 patients met case definition and were referred to the Transit Unit. Hundred percent of the cases admitted tested negative for EVD during the quarter.

**Clinical Health Care:** The IRC continued supporting the restoration of safe healthcare at Redemption from April – June 2015. Four expatriate doctors and 5 expatriate nurses mentored MOH staff at Redemption on clinical decision making in the context of EVD. Over the course of Q3, there were a total of 1741 admissions to the inpatient department and 11,979 consultations at the outpatient department. There were a total of 655 deliveries at Redemption Hospital during the quarter, 612 of them were normal deliveries followed by 41 still births (IUFD) and 2

neonatal deaths. The hospital also observed four maternal deaths in the same quarter, see the table 3 in annex. To address these clinical outcomes, IRC clinicians conducted training of trainers (TOT) on postpartum hemorrhage management in the context of EVD for 3 days targeting 11 healthcare workers from 4 different primary healthcare facilities including 3 OB/GYN staff of Redemption Hospital. At the Transit Unit, IRC staff provided care to a total of 105 patients (56 Female and 49 Male) waiting for their EVD test results; see Table 4 in annex 1 for more details.

The IRC also supported the GOL's "Measles and Polio Campaign and Deworming Campaign," a national children's immunization program held from May 8-16 in Q3. The GOL targeted 700,000 of the estimated 1.9 million children in Liberia (about 37 percent of the youth population). During the campaign, the IRC supported the GOL in planning for and prepositioning of vaccines, training 105 MOH healthcare workers (nurses and nurse aids) for two days on safe vaccination techniques, advocating at community level through psychosocial workers, and direct supervision and monitoring at the field level. Teams of five IRC staff members including a supervisor, vaccinator, recorder, screener, and community mobilizer were deployed in 21 stations near Redemption Hospital, including in the hospital itself. Statistics from the vaccinations included:

- Oral Polio Vaccine (OPV): teams vaccinated 14,309 from a target population of 14,413, a success rate of 99.2 percent.
- Measles: teams vaccinated 11,633 from a target population of 12,717, a success rate of 91.4 percent.
- De-Worming (Mebendazole): teams vaccinated 10,735 from a target population of 11,021, a success rate of 97.4 percent.

Last, the IRC supported the pilot of an expanded testing program at Redemption Hospital, which offers clinicians the option of ordering an EVD test for a patient in order to "Rule out Ebola." The pilot was designed in coordination with the IPC and Lab subcommittees under the national IMS. From April – June, Redemption ordered a total of 80 tests under the expanded testing program, all of which came back negative.

**Procedures, Protocols and Management:** As part of their day to day presence on the ground, IRC staff ensure that national guidelines, policies and procedures on EVD are followed at Redemption Hospital. Given that the typical MOH staffing structure pre-Ebola did not include adequate positions to implement IPC in an Ebola context, the IRC is filling HR gaps during the transition phase to ensure the hospital is kept clean, and free of EVD. Led by an expatriate WASH manager, the IRC IPC team consists of 35 national staff - 12 cleaners, 11 sprayers, 5 laundry, 3 incinerator operators and 4 supervisors who work in shifts for 24/7 coverage. IRC staff work closely with Redemption staff, building their capacity in IPC practices through modeling, repetition and mentoring. In addition, as mentioned above, IRC's clinicians work alongside Redemption's staff and provide



on-the-job coaching/mentoring on IPC protocols and clinical SOPs as outlined in the national “Keep Safe, Keep Serving” (KSKS) guidelines.

During Q3, the IRC worked closely with Redemption management and Montserrado Consortium partner Global Communities to ensure testing and safe handover of bodies of patients who expired at the hospital to family members as per the current national guidelines. A total of 148 swabs were taken by the Redemption morgue and lab teams during the quarter.

In May, the IRC installed 41 fire extinguishers and 15 fire detectors in different places of hospital and provided some fire safety supplies such as 4 fire buckets and 4 fire blankets followed by fire management training to 54 Redemption staff. The two day training was facilitated by Liberia Fire National Service and at least a staff from each department represented in the training.

Throughout the quarter, IRC clinicians strove to establish a more structured working environment in the adult emergency room, pediatric ward, obstetric ward and out-patient department by reinforcing shift schedules and empowering supervisors to closely monitor staff attendance. These efforts were supported by the IRC HR Coordinator who spent one day a week with the Redemption HR Manager and Hospital Administrator in an attempt to clean up HR processes at the hospital. During the EVD crisis, the majority of staff were called away to support the response at ETUs. As IRC begins to phase out in Q4, it is essential that the hospital is able to have a clear picture of how many staff they are still missing and the gaps they need filled to maintain the current level of operations.

**Drugs and Medical Supplies:** In Q3, the IRC received most of the international shipment of essential drugs and medical supplies and continued its support to Redemption Hospital by restocking essential drugs, IPC supplies and medical equipment to provide safe healthcare in the hospital, including the transit unit. Please refer to annex 1 for a complete list of the supplies provided.



*RH Caregivers in the Pediatrics ward*

**Psychosocial Services and Community Outreach:** As Liberia enters a new phase of the response with less cases, the space to reflect on the past year is likely to cause more psychosocial distress across the population. Because the current context is less of a crisis, people’s innate coping mechanisms begin to turn off, or remain ‘on,’ though no longer needed. Therefore, from April – June, IRC scaled up its psychosocial and community outreach activities at Redemption Hospital and the surrounding communities in New Kru Town. On the wards, the psychosocial team offered daily support to 237 patients (184 women and 53 men) and counseled 73 family members of those patients. In the triage, IRC supported and counseled an additional 161 patients (92 women and 69 men) and 65 of their family members. The IRC also conducted a workshop for 79 (55 women and 24 men) Redemption staff on

supportive communication and self-care planning, psychological first aid, and personal/relational impact of IPC measures. The staff represented in the workshop were from different departments such as pediatric, OB/GYN, Surgery and Emergency inpatient ward. In addition, the psychosocial team provided individual counseling to 29 staff (23 women and 6 men), group counselling to 94 staff (81 women and 14 men) and psychosocial first aid session to 22 staff (17 women and 5 men). The team also held a Mental Health and Psychosocial (MHPSS) task force workshop with Redemption staff from HIV/TB, Sexual and Gender-based Violence (SGBV) and the Mental Health departments so they can begin to take over the psychosocial support to patients on the ward in the next quarter.

During Q3, the IRC psychosocial outreach team carried out a series of activities to facilitate reconciliation between Redemption Hospital and New Kru Town communities and to encourage people to utilize the services offered at the hospital. The team reached 4,267 community members through door to door visits and 4,868 through community meetings explaining how hospital triage works and what the new IPC procedures involve, assuring them the new systems are working effectively to prevent EVD. Using the same model as the ETU tours completed in Q1, the psychosocial team, along with Redemption management led tours of the hospital and Transit Unit for 15 women leaders representing the different zones of New Kru Town to explain all the IPC and medical procedures and changes made in the hospital. Likewise, the IRC also led a session with New

Kru Town community members and 4 Redemption health care staff to encourage communication and mutual empathy between staff and patients, to educate community members about measures in the hospital and to demystify the facilities. The role play on patient-nurse scenario was followed after the session, where a volunteer from New Kru Town community was asked to demonstrate on PPE donning and doffing.

Lastly, in response to the confirmed case in March, the IRC worked closely with Sector 2 and the IRC-led Consortium in Q3 to deploy two medical/psychosocial staff to support 21-day observation inside Sims School, where the positive case had worked as a food server. During the observation period, the two psychosocial staff saw three children individually and supported the contact tracing team in daily monitoring and assessing children who were unwell. They also held wellness talks in different classrooms reaching 362 pupils.



*Two IRC medical/psychosocial staff at Sims School. Their role was to support the contact tracing team who are doing daily monitoring, to assess children who are unwell, and also to keep calm in the school in this tense time.*

## ETU

**Psychosocial Support for EVD-affected Communities:** During Q3, the psychosocial support groups held a number of meetings and discussed topics such as, conflict resolution, survivor/affected families acceptance, stigma and discrimination, and ways of grieving. A total of 1,599 (780 women and 819 men) participated in the groups over the course of the quarter. Additionally, the seven drama groups performed a number of sensitizations reaching 5,193 community members in various topics such as, discrimination, community support, teenage pregnancy and wellbeing. Closing ceremonies for each group were held at the ETU at the end of May 2015.

**Child Friendly Space:** The IRC established a child-friendly space at the ETU to provide a safe space for children from the local community to express themselves through recreation and to address their unanswered questions about Ebola. The child-friendly space received a total of 185 (77 girls and 108 boys) visitors in a Q3. The visitors were received either as walk-ins or as referrals from community where support groups were working.

**Decommissioning:** At the end of May 2015, since Liberia had reached 42 days without a case and had been declared Ebola-free, the IRC began to decommission the ETU at SKD 1. Since there had never been any patients at the IRC ETU, the decommissioning process consisted of dismantling the locally-made structures, developing a distribution plan for the assets and materials, gaining approval for the plan from the WHO and IMS, and ensuring the assets and materials were distributed according to the plan.

The German Red Cross' (GRC) ETU at SKD 2, which opened as a Severe Infection Temporary Treatment Unit (SITTU), was not fully decommissioned prior to their departure – they decontaminated it, but never dismantled it. Given that the IRC was



already breaking down the locally-made structures at SKD 1, the dismantling and distribution of assets and materials from SKD 2 was added to the list of works to be completed at the site.

In coordination with the Case Management Committee, County Health Teams, and WHO, by the end of June, the IRC had successfully coordinated the distribution of raw materials (zinc, timber, tarps) to community health projects in the four zones in SKD community; transported seven prefabricated offices to various sites to be used as District Health Team Offices for activities under the OFDA-funded Montserrado Consortium and other health project sites as designated by the MOH.

### **IPC in Health Facilities**

In Q3, the IRC constructed one additional triage and isolation unit, bringing the total constructed since January to thirteen. Five facilities remained closed, and two facilities did not have adequate space for temporary structures. Following waste management assessments at supported clinics, the IRC constructed a brick incinerator at Sunrise Clinic and completed repairs on the incinerator at Dr. Agnes Varies Health Center. The IRC also completed basic repairs to two hand pumps at Faith Medical and Laboratory Clinic and Dr. Agnes Varies Health Center so that provision of health services could be restored.

All supported clinics has adequate stock of IPC and IEC materials, including basic and enhanced PPE, gloves, chlorine and buckets for hand washing stations, boots, sprayers, waste bags, waste bins, and sharp boxes. While most supplies were originally procured for the ETU, the IRC also mobilized a number of these resources from partners including MOH, WHO, the Logistics Cluster, JSI and AmeriCares.

The IRC staff that are master trainers for the “Keep Safe Keep Serving,” provided training to a total of 233 health care workers (100 men and 133 women) from 20 of MTI-supported clinics in Q3. Pre- and post-test assessments indicated that trainees’ knowledge increased as a result of the training. The IRC continued its follow-up visits and spot checks in its supported facilities to help ensure that the training was retained, offering corrective support if problems were identified.

### **School WASH and Back to School Activities**

In Q3, the IRC continued to support 25 public schools in Paynesville, establishing Health and Hygiene Clubs and distributing hygiene kits for schools and students.

After forming their actions plan, five schools carried out community awareness and cleaning campaigns around their schools with the messages of hygiene promotion such as, cleaning environment, critical times for hand washing, safe drinking water, and prevention of diarrheal diseases.

At the most vulnerable schools, the IRC repaired hand pumps to ensure safe drinking water was available to students. A total of 7 hand pumps received minor repairs to make them functional again. The IRC team created water source committee at the 7 schools and provided two days of training on water, sanitation and hygiene and hand pump maintenance followed by a distribution of hand pump tools, which include fishing rods, open-end spanner and socket spanner.

**III. Indicator Tracking**

	Indicators	Indicator type	Unit	Target	Q1	Q2	Q3	Remark
<b>A. HEALTH</b>								
1	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary).	OFDA	Facility	24	25* (this includes 5 facilities that were close)	31 (including the 8 MTI facilities that received KSK training)	24 (this represents only IRC supported clinics)	In Q3, IRC provided support to 23 PHC facilities and 1 SHC facilities.
2	Number of consultations, disaggregated by age (children under 5 yrs, and over 5 yrs), per quarter.	OFDA	Person	1,600 600 (U5) 1000 (>5)	n/a	358 Neonates : 32 Children U5: 139 Children over 5 years: 51 Adults: 136	1,017 Neonates: 29 Children U5: 278 Children over 5 years: 72 Adults: 638	Adult ER and Pediatric ward only.
3	Percentage of patients meeting EVD case definition at Redemption Hospital triage referred to the IRC Transit Unit.	Non-OFDA	Referral	100%	n/a	100%	100%	114 patients meeting case definition at OPD and IPD were referred to IRC transit unit in Q3.
4	Number of positive EVD cases identified in triage and identified on the ward.	Non-OFDA	Person	n/a	n/a	1	0	On March 19, one suspected EVD case tested positive when referred to MSF transit unit.
5	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	OFDA	Item	n/a	n/a	Total pharmaceuticals: 3,282 Total medical supplies and equipment: 53,006 PPE: 7,114 Total IPC supplies (including PPE): 16,588	Total pharmaceutical : 6,863 Total medical supplies and equipment: 41,589 PPE: 360 Total IPC supplies (including PPE): 68435	In Q3, JSI supported all IRC clinics with IPC supplies, therefore Q3 data represents supplies IRC distributed to RH.

6	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables.	OFDA	People	200	78 (M-35 F-43)	378 (M-141 F-237)	233 (M- 100 F- 133)	Trained health care workers of 20 MTI supported facilities.
7	Number of stock outs of infection prevention control supplies at supported facilities	Non-OFDA	Occurrence	Zero stock out	0	No stock out	No stock out	IPC supplies were distributed in all IRC supported facilities.
8	Incidence and prevalence of chronic and other diseases (e.g., trauma), disaggregated by age	OFDA	Number	n/a	n/a	Trauma: 35 Hypertension: 35 Severe infections in HIV patients: 14 Malaria: 13 Anemia: 12 Acute Asthma: 12 Physical assault: 9 Peptic ulcer disease: 6	Trauma: 156 Hypertension: 69 Severe infections in HIV patients: 1 Malaria: 82 Anemia: 34 Acute Asthma: 20 Physical assault: 15 Peptic ulcer disease: 0	See annex 1
9	Incidence and prevalence of high-morbidity rates by type (e.g., diarrhea, acute respiratory infection (ARI), measles, and other), disaggregated by age;	OFDA	Number	n/a	n/a	Malaria: 88 Pneumonia: 37 Anemia: 22 SAM: 12 Bacterial Sepsis: 11 Diarrhea: 11	Malaria: 163 Pneumonia: 55 Anemia: 10 SAM: 4 Bacterial Sepsis: 17 Diarrhea: 10	See annex 1
10	Case fatality rates for diarrhea, ARI, malaria, and other, disaggregated by sex and age	OFDA	Number	Pneumonia- 10% Malaria- 5% Diarrhea- 10%	n/a	Pneumonia- 10.8% Malaria- 4.5% Diarrhea- 9.1% SAM: 0% Bacterial Sepsis: 27.3%	Pneumonia- 4.4% Malaria- 2.2% Diarrhea- 0% SAM: 0% Bacterial Sepsis: 0%	See annex 1

11	Percentage of suspected Ebola cases in the Redemption hospital that are detected through the surveillance system.	Non-OFDA	Percent age	100%	n/a	100%	100%	Conducted “rule out Ebola”- expanded testing in 80 Ebola suspected patients in Q3.
12	Percentage of children with malaria, pneumonia and diarrhea treated according to protocol	Non-OFDA	Percent age	100%	n/a	100%	100%	All the malaria, pneumonia and diarrhea cases were treated according to protocol
<b>B. WATER SANITATION AND HYGIENE</b>								
13	Number of people benefiting from solid waste management, drainage, and/or vector control activities	OFDA	Number	19,290	n/a	1,388	19,290	Completed decommissioning of medical waste at RH and set-up the small incinerator for burning waste
14	Number of supported health facilities with an established triage system	Non-OFDA	Number	20	n/a	12	13	Constructed additional triage and isolation unit in 1 clinic. 5 clinics were closed and the remaining clinics do not have adequate space to construct a triage and isolation unit.
15	Number of people directly benefitting from this water supply infrastructure program.	OFDA	Number	2,250	n/a	1,010	2,250	Completed 9 rehabilitation of hand pumps in 7 schools & 2 clinics.
16	Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	OFDA	Number	250	n/a	457	224	168 participants child to child training and 56 participants from water source committee training.
<b>C. PROTECTION</b>								
17	Number of people trained in psychosocial support (by sex)	OFDA	Number	2,600	693 (M-344 F-349)	1,406	26 (M-11 and F-15)	Trained IRC supported health workers in District 6 on psychosocial activities.
18	Percentage of trainees demonstrating retained knowledge and skills at 1 month and 3 months post training	Non-OFDA	Percent age	70%	n/a	19.1% (10% HCW) (23.7% non-HCW)	N/A	IRC trained 26 HCWs in Q3, with Pre / Post results of : 72% - 81% The clinics of individuals trained in Q2 were handed over to Mentor and IRC was unable to conduct the 3 month follow up.
19	Number of community members engaged in psychosocial support activities (individual support, support groups, drama & recreational activities, sensitizations)	Non-OFDA	Number	1,000	n/a	1,166	1,862	Support group (M-347, F-343), Focus Group Discussions (350), Child friendly space (M-12, F-3), Drop-in SKD (M-23, F-14)



20	Number of community members directly engaged in dialogues about Redemption hospital (Inc. door to door, community meetings, dramas & focus group discussions)	Non-OFDA	Number	10,000	n/a	1,807 (M-396 F-1,411)	9,135	Community meeting (M-1849, F-3019) and door to door messaging (M-1535, F-2732)
21	Number of Redemption Hospital in-patients supported by Psychosocial Staff	Non-OFDA	Number	300	n/a	111 (M-24 F-87)	358	(M-116 F-252)
22	Number of Health-care workers receiving individual self-care planning and other psychosocial support	Non-OFDA	Number	300	n/a	90	295	Individual staff receiving psychosocial counselling session

#### **IV. Constraints and Challenges**

Absenteeism and high attrition rates among MOH staff remain the biggest challenges for the project. Staff motivation strategies were discussed during the joint planning workshop in May, however, these constraints stem from fundamental structural issues at the national MOH level and will not be solved by this project. Working within the scope of its approved programming, the IRC will work in collaboration with the Redemption senior management in the next quarter to fill critical gaps in medical staff, and address staff wellbeing through the psychosocial activities already ongoing at the hospital. In addition, the IRC's HR department will continue supporting the Redemption management with some HR tasks so it can re-start this part of the performance based financing under the World Bank by the end of the year.

At the beginning of Q3, there was no SOP in place for dead body management at the hospital and there was confusion over the testing of dead bodies for EVD. To ensure compliance with national protocols, the IRC, along with Redemption hospital management and other partners such as, Global Communities, WHO and CDC helped institutionalize the SOPs for dead body management developed by the IMS into the daily operations of the hospital. Additionally, the IRC's psychosocial staff helped facilitate the communication of the procedures to families as it a very sensitive issue that at times could become violent if the family did not understand why their loved one was being kept at the hospital.

The semi-permanent structures at the Transit Unit inherited from MSF were not suitable for rainy season – for example, the Transit Unit lacked rain-proof roof (it had only has a shadow net), and also experienced flooding due to poor drainage, and a poorly designed soak-away pit. Therefore in Q3, the IRC replaced the shadow net with zinc roofing, and repaired the drainage system and soak-away pit to ensure the hospital will have isolation capacity throughout rainy season.

Patient referrals from Redemption to other facilities due to reduced bed capacity to meet IPC standards is becoming a bigger challenge as utilization of the hospital increases. Redemption is the only free healthcare facility in Monrovia offering as many services and most patients do not have money to pay for healthcare. The IRC and Redemption have mapped a referral pathway, but more can be done to establish relationships with the surrounding primary health care facilities so patients can be discharged, but still receive care.

#### **V. Activities for the Following Quarter**

In Q4, the IRC will continue day to day support to Redemption Hospital and maintain response capacity should the current outbreak extended past the existing cluster or if there is another outbreak in Montserrado. Building off of the initial planning workshop at the end of May, the IRC and Redemption will finalize a joint work plan outlining the gradual and responsible handover of activities to the MOH. This includes the transition of the Transit Unit into an infectious disease ward, which can eventually be run by the hospital without external support. Until then, the IRC will fill critical gaps in staffing including an ER doctor and nurses to screen patients at the inpatient and outpatient triage areas.

IPC/WASH staff at the hospital will design and roll out a training program for the large incinerator once it is installed by ICRC next quarter. The hospital has only ever had locally made incinerators, so the capacity to operate and maintain these machines will have to build over time with day to day coaching.

The IRC psychosocial team has already begun to hand over its activities on the ward, but will remain available at the hospital if there are pressing needs. Support for healthcare workers will continue and be expanded, including the planning for a memorial ceremony to recognize the 12 staff that died during the outbreak. At the community level, the support group model that was successfully used in District 6 will be rolled out in New Kru Town in Q4. These groups will address grief, survivors' stigma, and deliver key messages on hygiene. The IRC team will also begin a qualitative study on the community engagement activities using a participatory action research (PAR) method. The objectives of the study will be to 1) identify and analyze from the experience and perception of community and health care workers how the EVD epidemic has affected utilization of health services; 2) identify and implement priority actions that address system weaknesses/gaps or strengthen positive practices that contribute to increasing safe obstetric outcomes for all New Kru Town women ; and 3) establish sustainable processes for collaborative co-ordination and monitoring of progress on the agreed action plan.

### Annex 1: Clinical Overview of Redemption Inpatient Department

**TABLE 1: Major causes of Neonatal admission at Redemption Hospital in the months of April to June 2015 disaggregated by sex**

Disease condition	Female	Male	Total
Neonatal sepsis	18	26	42
Birth Asphyxia	9	9	18
Prematurity	0	2	2

**TABLE 2: Major causes of admission among children 2 months to 13 years at Redemption Hospital in the months of April to June 2015 disaggregated by age**

Disease Condition	0-5 years	6-13 years	Total
Malaria	134	29	163
Pneumonia	45	10	55
Anemia	9	1	10
Bacterial Sepsis	15	2	17
Severe Acute Malnutrition	4	0	4
Acute Watery Diarrhea	9	1	10

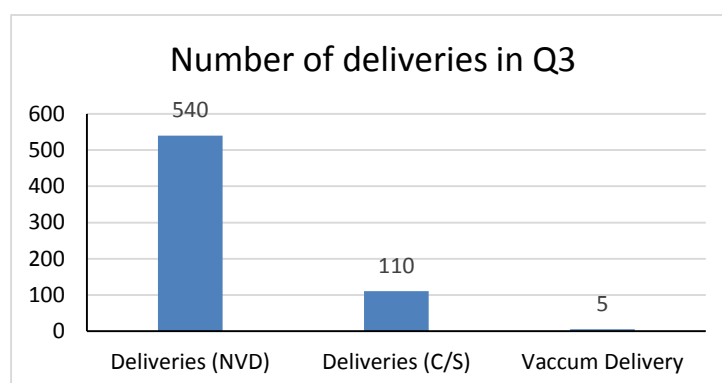
**TABLE 3: Major causes of admission among Adults-ER at Redemption Hospital in the months of April to June 2015**

Disease condition	Total
Trauma <sup>≠</sup>	156
Malaria	82
Hypertension	69
Anemia	34
Diarrhea	29
ARI	23
Cerebral vascular accident	21
Sepsis	20

<sup>≠</sup> Trauma: It includes abrasion, accident, chest trauma, fracture, laceration, multiple injuries, injuries, assault, road traffic accident and trauma.

**Figure 1: Deliveries carried out at Redemption Hospital in the months of April to June 2015 disaggregated by delivery type**

- This gives a caesarian section rate of 16.8%
- Maternal deaths April to June 2015, were 4.

**TABLE 4: Major Pregnancy complications in pregnant women admitted at Redemption Hospital in the months April to June 2015**

Disease Condition	Number
Antepartum Hemorrhage	7
Postpartum Hemorrhage	18
Anemia in Pregnancy	30
Pre-Eclapsia/Eclapsia	26
Unsafe Abortions	28
Malaria in Pregnancy	44

**TABLE 5: Case fatality rates of high morbidity disease in Children 2 months to 5 years admitted at Redemption in the months April to June 2015**

Disease condition	Admissions	Deaths	Case fatality rate
Bacterial Sepsis	17	0	0%
Pneumonia	45	2	4.4%
Malaria	134	3	2.2%
Acute Watery Diarrhea	9	0	0 %
Severe Acute Malnutrition	4	0	0%

**TABLE 6: Total patients screened/admitted at Transit Unit in the months April to June 2015**

Month	Screened	Admitted	Total Admitted		Total Admitted		Seek care			Ebola test		Malaria test	
			Female	Male	5-15	Over 15	<24 hrs	1-3 days	> 3 days	E. Neg	E. Pos	M. Neg	M. Pos
April	70	61	28	33	3	58	7	26	37	61	0	46	15
May	28	27	17	10	0	27	6	11	11	27	0	15	7
June	17	17	11	6	0	17	4	9	4	17	0	0	0
<b>Total</b>	<b>115</b>	<b>105</b>	<b>56</b>	<b>49</b>	<b>3</b>	<b>102</b>	<b>17</b>	<b>46</b>	<b>52</b>	<b>105</b>	<b>0</b>	<b>61</b>	<b>22</b>



**Annex 2: Number of supplies by types provided to Redemption hospital and transit unit.**

Item	Unit	April	May	June
Adhesive Tape 10cm+5m	Box of 1	23	58	89
Amoxicillin 250mg Tab.	Box of 1000	3	10	16
Amoxicillin 500mg + Clavulanate Acid 125mg Tab bister	Box of 50	2	6	141
Artemether 20mg/Lumefantrine 120mg (Coartem) CHILD	Box of 360		1	2
Artemether 20mg /Lumefantrine 120mg (Coartem) Ad.	Box of 720	2	4	3
Artemether 20mg/Lumefantrine 120mg (Coartem) Youth	Box of 540			2
Artesunate 60mg inj .Vial.	Bottle of 1	120	65	130
Ascorbic Acid 250mg Tab.	Box of 1000	5	5	
Azithromycine 250mg Tab. Blister	Box of 120	193	64	12
Bag Plastic for drugs	Box of 100	500	200	1000
Blood bag	Pc of 1		50	50
Blood Collection Set 21g Vaculainer)	Box of 25	1		
Blood grouping Anti A' 10 ml	Pc of 1		217	
Blood grouping Anti AB' 10 ml	Pc of 1		216	
Blood grouping Anti B' 10 ml	Pc of 1		217	
Blood pressure electronic	Box of 1		2	1
Capillary Tube 75 mm	Box of 100			1100
Cefixime 200mg Tab.	Box of 100	25	10	43
Ceftriaxone 1g Inj. Vial.	Box of 50	6	10	22
Chlorhexidine Gluconate Solution 5%	Box of 15	12	1	11
Ciprofloxacin 250mg Tab.	Box of 1000	3	6	5
Compress Gauze 7.5+7.5cm	Box of 100	200	4200	13300
Cotromoxazole 480mg Tab.	Box of 1000		2	2
Cotton Wool 500g	Box of 25	16	29	11
Dexamethasone 4 mg/ml, 1ml inj.	Pc of 1		100	
Diazepam 5mg Tab	Box of 1000	1		
Diazepam Injection 5mg/ml	Box of 100			1
Digital Baby Weighing Scale	Pc of 1		1	
Disposable sheet for bed (400 mm X 600 mm)	Carton of 200	30		
Doxycycline 100mg Tab.	Box of 1000		1	
Elastic Bandage Crepe 8cm+5m	Box of 20	20	35	2160
Epinephrine 1mg/1ml (Adrenaline) INJ.	Box of 100		1	
Examination Glove L/S	Box of 200	800	2200	
Examination Glove M/S	Box of 200	800	3200	1600
Examination Glove S/S	Box of 200			400
Ferrous Sulfate 200mg/Folic Acid 0.4mg Tab.	Box of 1000		1	4
Fluconazole 50mg cap.	Box of 100	100	100	100
Furosemide 10mg/ml, 2ml Amp.	Box of 100			1
Glucose 5% 500ml (Dextrose)	Box of 20	140	100	40

Glucose 50% inj. (Dextrose)	Bottle of 1		20	
Ibuprofen 200mg Tab.	Box of 1000	5	4	4
INFUSION Giving Set (Luer Lock)	Box of 500	25	500	100
Infusion pump	Pc of 1		2	
IV.Catheter 18g Shieded	Box of 50	1		6
IV.Catheter 20g (Shieded-Autoguard)	Box of 50	1		3
IV.Catheter 24g Shieded	Box of 50	1	3	10
Lamp-Torch (with battery)	Set of 1	8	5	52
Lopermide 2mg Tab.	Box of 100	30	50	26
Malaria Rapid Test (Para-Check)	Box of 25	16	21	11
Metoclopramide 10mg Tab.	Box of 1000		1000	
Metoclopramide 5mg/ml,2ml INJ.	Box of 100		100	
Metronidazole 500mg Tab.	Box of 1000	4	2	1
Omeprazole 20mg cap.	Box of 1000	1000	1000	1000
Oral -Rehydration Salts 20.5g/L for 1Lit	Box of 100	17	30	38
Pampers for adult M/S	Pack of 1		39	
Pampers for children S/S	Pack of 1	30		
Paracetamol 100mg Tab.	Box of 1000	1	1	2
Paracetamol 500mg Tab.	Box of 1000	4	7	8
Phenobarbital Sodium 200g/ml,1ml Amp.	Box of 100	4	7	1
Polyester Bandage 10cm+4m (Crepe Bandage)	Box of 10	335	450	50
Prednisolone 5mg Tab.	Box of 1000			1
Ringer Lactate 1000ml	Box of 12	14	18	41
Ringer Lactate 500 ml bot.	Box of 20	25	14	11
Salbutamol 0.1mg/dose Inhater 200 doses	Box of 1	25	48	36
Scale Electronic 150kg+100g	Set of 1	1	1	1
Sphygmomanometer Adult	Set of 1		6	2
Surgical Glove 6.5	Box of 50	50	50	
Surgical Glove 7.0	Box of 50		50	
Surgical Glove 7.5	Box of 50	150		400
Surgical Glove 8.0	Box of 50	150	50	400
Syringe 10ml	Box of 100	1100	700	700
Syringe 5ml (disposable)	Box of 100	1100	800	800
Tetracycline Eye Ointment 1%	Box of 25	3		12
Thermometer Digital	Box of 10	11		1
Tongue Depressor	Box of 100	200	100	
Tourniquet Rubber 100cm+1.8m	Box of 20	60		280
Tramadol Hydrochloride 50mg/ml,2ml	Box of 100	1		
Vacutainer Needle 21 G	Box of 100	1		
Vacutainer Purple EDTA 3.6mg	Box of 100	3		4
Water For Injection 10ml	Box of 50	31	8	8
Zinc Sulfate 20mg Tab.	Box of 100	7	7	6

**Annex 3: Number of IPC supplies by types provided to Redemption hospital and transit unit**

<b>Item</b>	<b>Unit</b>	<b>Quantity</b>
3 ply paper	roll	36
Apron Reusable	pcs	80
Back Pack Sprayer 16 L	pcs	9
Bath Soap	pcs	100
Bath Towels	pcs	30
Bed Sheet (lines)	pcs	60
Chlorine	bucket	2
Cotton Towel White	pcs	174
Disposable Apron	pcs	1400
Examination glove (M)	pair	34000
Examination gloves (S)	pair	13600
Examination gloves (L)	pair	6000
Face Shield	pcs	200
Gum Boots	pcs	70
Hand washing soap	pcs	100
Heavy Duty Gloves	pair	87
Hoods	pcs	1000
Scrub (XL)	set	10
Scrub (L)	set	50
Scrub (M)	set	100
Scrub (S)	set	60
Latrine Hand Sprayer	pcs	2
Mosquito Net	pcs	2
N95 Nose Mask	pcs	9840
Paper Towels	roll	30
Plastic Bucket 100 L (Green, Blue)	pcs	15
Plastic Plates	pcs	24
Powder Soap	Ctn	10
PPE (L)	Sets	200
PPE (XL)	Ctn	4
Rubber gloves	pair	145
Slipper	Pair	100
Slippers (Lareg)	pcs	20
Slippers (M size)	pcs	73
Surgical glove (M)	pair	240
Surgical gloves (L)	pair	40
Surgical gloves (XL)	pair	40
Surgical gown	pair	400
Tarpoline (USAID)	pcs	6
Towel Paper	roll	76